



**Client Centered**

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HB 590

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To the Members of the Committee:

I am writing in regards to the Medicaid Expansion issue that is now before this committee. As I sure the members of the Committee are already aware, this bill is a win-win situation. The Federal Government is going to pay 100% of the cost of this expansion for the next 3 years, and 90% of the cost after that, for good. As I'm sure the Committee is also aware, this 10% cost will be much less than the tremendous present cost to the State of Montana. Visits to the Emergency Room and other stop-gap measures that are presently in use for the many people in Montana who do not now have health insurance are far more expensive. This cost is also borne by many hospitals, doctors, and clinics who write off large portions of their bills due to their patients' inability to pay.

The next aspect of this expansion is the fact that, at the present time, low-income families are penalized for working. Many people working in low-wage jobs lose their health care when they go to work. There is no possible way that a person making \$7-12 an hour could pay for health insurance on their own at today's rates, or pay for health care if they needed it for a serious health problem. I have worked with many working people over the years who have gone bankrupt due to medical bills

The third negative of our present Medicaid eligibility scale, is that people on limited fixed incomes are being denied medical benefits. This group of people includes those on Spouses Benefits, SSDI, and other forms of income-based entitlement Programs. Combined with the agonizingly slow process and difficulty of applying for these Federal Benefits, it leaves some of our most vulnerable citizens with no access to health care.

As a Licensed Clinical Social Worker, the majority of clients that I work with are on Medicaid. I am going to share some of their personal stories, with their permission, with the Committee.

A 60 year-old Grandmother, caring for 3 young Grandchildren, who just became eligible for \$1,200 a month in Spouse's Benefits. Her health is not very good. She has been having lots of issues with her knees and hips. She just had one knee operated on this month, and has been going to physical therapy 3 times a week. She will lose her Medicaid at the end of March, and will no longer be able to continue with her physical therapy, or any follow-up care for her leg.

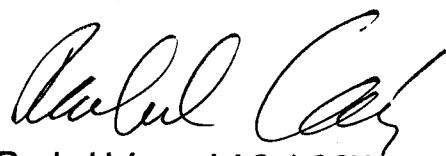
Another woman, who is just turning 52, is diabetic. She had her leg amputated some years ago. She was walking with a prosthesis and working for several years. She then became too sick to work, and lost her job. She needed a new prosthesis, because the old one no longer fit. She is a Tribal member, and has IHS as her only health care. IHS refused to pay for her prosthesis, and she was ineligible for Medicaid, due to a settlement she received from an insurance company. The company that made the prosthesis finally gave it to her, because she was unable to pay for it. By this time, the prosthesis no longer fit, and she was told that she needed physical therapy in order to use it. IHS would not pay for her physical therapy. She also needs a new wheelchair. Her present wheelchair is broken, and so heavy that I cannot lift it. This woman is caring for several grandchildren, and is now living on SSDI at the rate of \$610 per month. I have been trying to get Medicaid for her for 4 months. I was told she is ineligible due to her income. She is also ineligible for Food Stamps.

I have another Client who has some serious mental and physical health issues. She has difficulty meeting the expectations needed to make her appointments on time, and reading all the mail she gets from various agencies. I have been working to assist her to get SSI. Her claim has gone on so long, that she turned 60, making her eligible for Spouse's Benefits. She started receiving \$1,400 in February. Her SSI claim is still on hold. I have been seeing her at no charge since May, 2012. She is concerned about that, and has offered to pay me out of her Spouse's Benefits, which I have declined. She is ineligible for Medicaid with this income.

The reason the above examples are all women, is because it is almost impossible for men to get Medicaid, unless they are not working and have a large family. If a man has health problems, and gets a job with no insurance, he would immediately lose his Medicaid, thereby being punished for going to work.

To address the popular myth regarding people who are "abusing" Medicaid, I challenge anyone who believes this, to fill out a Medicaid application, go through the lengthy and demeaning application process, and pay medical bills out of their slightly over-eligible income. Research has proven that the abusers of the Public Assistance system are a very small minority, about 2%. It is one of the most popular activities of those with easy answers, and little information, to blame the victims. If these people had to work with the system on a daily basis, as I do, maybe it would change their perspective.

Sincerely,

A handwritten signature in black ink, appearing to read "Rachel López", with a stylized flourish at the end.

Rachel López, LAC, LCSW

